Taking the Mystery Out of Caring for Your Aging Parents





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THE "TAKING THE MYSTERY OUT OF CARING FOR YOUR AGING PARENTS" BOOK WILL ASSIST YOU IN FINDING THE RESOURCES YOU WILL FIND NECESSARY IN COVERING THE VARIOUS ASPECTS OF CARING FOR YOUR PARENTS.

THIS WILL BE A RESOURCE FOR SHIBA COUNSELORS, VOLUNTEERS, OTHER AGENCIES AND, OF COURSE, THOSE OF YOU ALREADY CARING FOR AN AGING PARENT.

THE INFORMATION IN THIS BOOK RELATING TO MEDICARE AND MEDICARE SUPPLEMENT INFORMATION, ALONG WITH LONG-TERM CARE, MANAGED CARE, HOME HEALTH CARE AND NURSING CARE WILL BE FOUND IN GREATER DETAIL ON THE INTERNET AND IS UPDATED FREQUENTLY TO REFLECT ALL CHANGES IN MEDICARE LAWS AND OTHER RELEVANT RULES AND REGULATIONS.

Medicare is changing ...what's in it for you?

For the most up-to-date information, check out the following sites on the internet:

http://www.doi.state.id.us

http://www.medicare.gov

http://www.cms.hhs.gov

Some information has been reprinted with permission from brochures from AARP, NAIC and CMS (Centers for Medicare & Medicaid Services).

SHIBA HAS THE ANSWERS

Today, more than ever before, America's senior citizens are concerned about the rising costs of health care and the increasingly complex methods of paying for it. While the President and Congress are working hard to find permanent solutions, the enormity and complexity of the problem rule out the possibility of a quick fix. It is important that every senior be familiar with existing programs and understand what he or she must do personally to be protected against medical and financial catastrophe.

The Idaho Department of Insurance has led the way in helping Idaho's senior citizens with their health insurance questions and problems. The Senior Health Insurance Benefits Advisors, SHIBA for short, has gained national recognition for its efforts to inform, counsel and assist Idaho's expanding senior population.

WHAT CAN WE DO FOR YOU?

Our SHIBA volunteers are trained in three major areas of concern. They are:

INFORMATION:

SHIBA volunteers work hand in hand with the Social Security Administration and the Centers for Medicare & Medicaid Services to bring you the latest information on Medicare, Medicaid, Spousal Impoverishment, and Medicare Savings Programs [Qualified Medicare Beneficiary (QMB) and Specified Low Income Medicare Beneficiary (SLMB)]. These volunteers can also tell you about physician's limiting charges, open enrollment, the ten basic plans, and many other aspects of public and private insurance.

COUNSELING:

SHIBA volunteers are trained to help you become a wise consumer of private insurance. They can counsel you on what kind and how much insurance you need. They can help you find the best buys in insurance coverage. SHIBA volunteers can help you find the peace of mind you have been looking for.

ASSISTANCE:

Sometimes things don't go as smoothly as we would like. Providers file charges incorrectly. Agents and companies do not perform as we expect. If you need assistance with a problem or complaint, you can always count on SHIBA. We network with the Department of Insurance Compliance section, the Investigation Section, and the Licensing Section by referring clients to the proper section for the assistance they need. A large portion of our calls come from adults caring for their aging parents and other relatives. With this in mind, we are providing this handbook as a resource to use as a guideline and also list other programs available to assist you in the care of your parents.

This guide has been developed by the Idaho Department of Insurance SHIBA staff to provide you with information that will help you with the decisions that will be needed in taking care of your aging parents. One of the most important decisions will be based on their Medicare coverage and what supplemental coverage they will need.

Types of Private Health Insurance

If, after considering your various options, you decide that you need more insurance, there is a variety of private insurance policies available to help pay for medical expenses, services and supplies that Medicare covers only partially or not at all. The basic types of coverage include:

- 1. Medigap policies that pay some of the amounts that Medicare does not pay for covered services and which may pay for certain services not covered by Medicare;
- 2. Managed care plans such as health maintenance organizations (HMOs) from which you purchase health care services directly for a fixed monthly premium;
- 3. Continuation or conversion of an employer-provided or other policy you have when you reach 65;
- 4. Nursing home or long-term care policies, which pay cash amounts for each day of covered nursing home or at home care;
- 5. Hospital indemnity policies, which pay cash amounts for each day of inpatient hospital services; and,
- 6. Specified disease policies, which pay only when you need treatment for the insured disease.

Medigap

Medigap insurance, which most beneficiaries buy because it is specifically designed to supplement Medicare's benefits, is regulated by federal and state law and must be clearly identified as Medicare supplement insurance. It provides specific benefits that help fill the gaps in your Medicare coverage. Other kinds of insurance may help you with out-of-pocket health care costs but they do not qualify as Medigap plans,

Standard Medigap Plans: To make it easier for consumers to comparison shop for Medigap insurance, nearly all states, U.S. territories and the District of Columbia limit the number of different Medigap policies that can be sold in any of those jurisdictions to no more than 10 standard Medigap plans. The plans, which are described beginning on page 3, were developed by the National Association of Insurance Commissioners and incorporated into state and federal law.

They have letter designations ranging from "A" through "J," with Plan A being the "basic" benefit package. Each of the other 9 plans includes the basic package plus a different combination of additional benefits. The plans cover specific expenses either not covered or not fully covered by Medicare, with "A" being the most basic policy and "J" the most comprehensive. Insurance companies are not permitted to change the combination of benefits or the letter designations of any of the plans.

Each state must allow the sale of Plan A and all Medigap insurers must make Plan A available if they are going to sell any Medigap plans in a state. While not required to offer any of the other 9 plans, most insurers offer several plans to pick from, and some offer all 10. They can independently decide which of the 9 continual plans they will sell as long as the plans they select have been approved for sale in the state in which they are to be sold. Some states have limited the number of plans available in the state. For example, Delaware does not permit the sale of Plans C, F, G and H and Vermont prohibits the sale of Plans F, G and I.

Chart of the Ten Standard MedSup Plans

Medicare supplement insurance can be sold in only 10 standard plans. This chart shows the benefits included in each plan. Every company must make available Plan "A". Some plans may not be available in your state.

Basic Benefits: Included in All Plans

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses).

Blood: First three pints of blood each year.

A	В	C	D	${f E}$	F	G	Н	I	J
Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Benefits	Benefits	Benefits	Benefits	Benefits	Benefits	Benefits	Benefits	Benefits	Benefit
		Skilled							
)		Nursing							
,		Coinsurance							
	Part A	Part A	Part A	Part A	Part A	Part A	Part A	Part A	Part A
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
		Part B			Part B				Part B
		Deductible			Deductible				Deductible
					Part B	Part B		Part B	Part B
					Excess	Excess		Excess	Excess
					(100%)	(100%)		(100%)	(100%)
		Foreign							
		Travel							
		Emergency							
			At-Home			At-Home		At-Home	At-Home
			Recovery			Recovery		Recovery	Recovery
							Basic Drug	Basic Drugs	Basic Drugs
							(\$1,250	(\$1,250	Benefit
							Limit)	Limit)	(\$3,000
									Limit)
				Preventive					Preventive
				Care					Care

Standard Medigap Plans

Following is a list of the 10 standard plans and the benefits provided by each:

PLAN A

(the basic policy) consists of these basic benefits:

- Coverage for the Part A coinsurance amount (\$203 per day in 2002) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for the Part A coinsurance amount (\$406 per day in 2002) for each of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used.
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or another appropriate standard of payment for hospitals not subject to the PPS.
- Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood or equivalent quantities of packed red blood cells per calendar year unless replaced in accordance with federal regulations.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 50% of approved charges for outpatient mental health services) after \$100 annual deductible is met.

PLAN B includes the basic benefit plus:

• Coverage for the Medicare Part A inpatient hospital deductible (\$812 per benefit period in 2002).

PLAN C includes the basic benefit plus:

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care coinsurance amount (\$101.50 per day for days 21 through 100 per benefit period in 2002).
- Coverage for the Medicare Part B deductible (\$100 per calendar year in 2002).
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.

PLAN D includes the basic benefit plus:

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- Coverage for at-home recovery. The at-home recovery benefit pays up to \$1,600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from illness, injury or surgery. There are various benefit requirements and limitations.

PLAN E includes the basic benefit plus:

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- Coverage for preventive medical care. The preventive medical care benefit pays up to \$120 per year for such things as a physical examination, serum cholesterol screening, hearing test, diabetes screenings, and thyroid function test.

PLAN F includes the basic benefit plus:

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- Coverage for the Medicare Part B deductible.
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- Coverage for 100% of Medicare Part B excess charges.*

PLAN G includes the basic benefit plus:

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- Coverage for 80% of Medicare Part B excess charges.*
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- Coverage for at-home recovery (see Plan D).

${\bf PLAN\; H}\;\;$ includes the basic benefit plus:

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- 80% coverage for medically necessary emergency care in a foreign country, \$250 deductible.
- Coverage for 50% of the cost of prescription drugs up to a maximum annual benefit of \$1,250 after the policyholder meets a \$250 per year deductible (this is called the "basic" prescription drug benefit).

PLAN I includes the basic benefit plus:

- Coverage for the medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount
- Coverage for 100% of Medicare Part B excess charges.*
- Basic prescription drug coverage (see Plan H for description).
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- Coverage for at-home recovery (see Plan D).

PLAN J includes the basic benefit plus:

- Coverage for the medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- Coverage for the Medicare Part B deductible.
- Coverage for 100% of Medicare Part B excess charges.*
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible.
- Coverage for preventive medical care (see Plan E).
- Coverage for at-home recovery (see Plan D).
- Coverage for 50% of the cost of prescription drugs up to a maximum annual benefit of \$3,000 after the policyholder meets a \$250 per year deductible (this is called the "extended" drug benefit).

^{*}Plan pays a specified percentage of the difference between Medicare's approved amount for Part B services and the actual charges (up to the amount of charge limitations set by either Medicare or state law).

MEDICARE AND MANAGED CARE

Managed care plans can represent good health care value. They provide all of Medicare's benefits and frequently more, and there is little or no paperwork.

You may have to pay a fixed monthly premium and a copayment each time a service is used. The premiums and copayments vary from plan to plan and can be changed each year. You also must continue to pay the Part B premium to Medicare. You do not pay Medicare's deductibles and coinsurance.

Usually there are no other charges no matter how many times you visit the doctor, are hospitalized, or use other covered services. Your costs are, therefore, more predictable than under fee-for-service Medicare.

In addition to offering you all your Medicare benefits, many plans promote preventive health care by providing extra benefits such as eye examinations, hearing aids, routine physicals, scheduled inoculations and prescription drugs for little or no extra fee.

Each plan has its own network of hospitals, skilled nursing facilities, home health agencies, doctors and other professionals. Depending on how the plan is organized, services are usually provided either at one or more centrally located health facilities or in the private practice offices of the doctors and other health care professions that are part of the plan. You generally must receive all covered care through the plan or from health care professionals to whom the plan refers you or else the plan will not pay.

Most managed care plans allow you to select a primary care doctor from those that are part of the plan. If you do not make a selection, one will be assigned to you. Your primary care doctor is responsible for managing your medical care, admitting you to a hospital and referring you to specialists. You are allowed to change your primary care doctor as long as you select another primary care doctor affiliated with the plan.

HOME HEALTH CARE

If you are confined to your home and require skilled care for an injury or illness, Medicare can pay for care provided in your home by a home health agency. A prior stay in the hospital is not required to qualify for home health care, and you do not have to pay a deductible for home health services.

Medicare Part A or Part B pays the entire bill for covered services for as long as you meet certain conditions under Medicare. Coverage is provided for the services of skilled nurses, home health aides, medical social workers and different kinds of therapists. The services may be provided either on a part-time or intermittent basis, not full-time.

Besides paying for health care services, the home health benefit also covers the full cost of some medical supplies and 80 percent of the approved amount for durable medical equipment, such as wheelchairs, hospital beds, oxygen supplies and walkers.

Qualifying for Home Health Care: Medicare pays for home health care when these four conditions are met:

- 1. You require intermittent skilled nursing care, physical therapy, or speech language pathology.
- 2. You are confined to your home.
- 3. Your doctor determined that you need home health care and sets up a plan for you to receive care at home.
- 4. The home health agency providing the care participates in Medicare.

You can find a Medicare-approved home health agency by asking your doctor, your hospital discharge planner, or by looking in the Yellow Pages under "home health care."

HOSPICE CARE

Another benefit available under Part A is hospice care if you are terminally ill. You can elect to receive hospice care rather than regular Medicare benefits for the management of your illness.

Hospice care may be provided by either a private organization or a public agency for up to 210 days, or even longer in some cases. Emphasis is on providing comfort and relief from pain. While the Medicare hospice benefit primarily provides for care at home, it can help pay for inpatient care as well as for a variety of services not usually covered by Medicare, including homemaker services, counseling, and certain prescription drugs.

Medicare pays nearly the entire bill for hospice care. There can be a copayment of up to \$5 for each drug prescription and about \$5 per day for inpatient respite care. Respite care is intended to give temporary relief to the person or persons who regularly assist with home care.

Qualifying for Hospice Care: Medicare pays for hospice care when these three conditions are met:

- 1. Your doctor certifies that you are terminally ill.
- 2. You choose to receive hospice care instead of the standard Medicare benefits for the illness.
- 3. The care is provided by a Medicare-participating hospice program.

If you elect hospice care and later require treatment for a condition other than the terminal illness, you can use Medicare's standard benefits. When standard benefits are used, you must pay any required deductibles and coinsurance.

ADDRESSING LONG-TERM CARE NEEDS

Now that you have evaluated your parent's situation, you should have a pretty good sense of the type and amount of help that your parent needs. Congratulations, you have taken a big first step!

Your next order of business is to address your parent's long-term care needs. The most important thing to recognize about long-term care is that you have a great number of options. Don't feel like you have to settle. Search until you find the type of arrangement that you are looking for.

While an array of choices can be enormously helpful, it can also be a little overwhelming. This section will help you navigate through the long-term care terrain. We'll enumerate your choices, help you match your needs with the most appropriate services, tell you how to arrange services, and explain how to recognize when more services are needed.

FINDING SERVICES FOR A PARENT REMAINING AT HOME

If your parent is going to remain at home, he or she will probably need some help. You can provide help by hiring a professional service, mixing and matching professional and volunteer services, or hiring an in-home caregiver.

Matching Your Parent's Needs with the Most Appropriate Services

Review the following chart to identify ideal care options for your parent.

My Need is For		What Service or Agency Could Help at Home?
	Skilled Nursing Care	Home Health
	Monitoring Conditions	Home Health
	Physical Therapy	Home Health
Health Care	Occupational Therapy	Home Health
	Speech Therapy	Home Health
	Respiratory Therapy	Home Health
	Medical Equipment	Home Health, Hospital, Product Reference
	Bathing	Home Health or Adult Day Center
Personal	Dressing and Grooming	Home Health or Adult Day Center
Care	Toilet Help	Home Health or Adult Day Center
	Eating	Home Health or Adult Day Center
	Transferring	Home Health or Adult Day Center

Money Management	Banking	Few services are able to assume these tasks. Check the trust department at your parent's
	Bill Paying	bank or turn the responsibilities over to a family member.
Food &	Shopping	Home Health
Nutrition	Meal Preparation	Home Health, Product Reference
	House Cleaning	Home Health or Volunteers
	Laundry	Home Health
	Meals	Home-Delivered Meals or Congregate Meal Sites, Home Health, Community Organizations, Senior Centers
Household Chores	Shopping	Home Health, Volunteers From Church/Synagogue, CommunityOrganizations
	Yard work	Home Health, Volunteers From Church/Synagogue, Community Organizations
	Home Maintenance	Home Health, Volunteers From- Church/Synagogue, Community Organizations
	Support Groups	Adult Day Center, Senior Center Community, Organizations, Associations, Hospitals, HMOs
	Counseling	Adult Day Center, Senior Center, Community, Organizations, Associations, Hospitals, HMOs,
	Outings	Adult Day Center, Senior Center
G	Activities	Adult Day Center, Senior Center
Socialization	Companionship	Home Health Volunteers From Church/Synagogue, Community Organizations
Safety	Home Modification	Adult Day Center, Senior Center, Home Health, Community Organizations
Salety	Home Repair	Home Health Volunteers From Church/Synagogue, Community Organizations
Transporta- tion	General	Private Carriers, Special Access Public Transportation, Home Health

Comparing Home Health Agency Services with Similar Services

Locating appropriate health care support will probably be at the top of your agenda. If you are considering hiring a home health agency, but are curious about programs with similar services, take a look at the chart below:

Community-Based Service	Typical Services	Pros & Cons
Home Health or Home Care Agency	 Health & medical care Rehabilitation & therapies Personal care Homemaking Home chore services Home-delivered meals Companion programs Home modification & repair Medication set-up Care management Roommate matching Transportation Congregate meal sites Volunteer In-home hospice 	 Pros: Licensed Full range of staff Trained & licensed staff Backups for a "no show" Workers are supervised Personnel responsibilities lie with the agency Cost may be Medicare approved Grievance and complaint procedures Cons: Costs are higher Scheduling may be dictated by the agency Staff roles are defined; one staff may not be able to complete all tasks Worker preference lies with the
Adult Day Center	 Full or half day programs Socialization, activities, programs, outings Personal care provided, including bathing Medication administration Meals Primary caregiver respite 	Pros: Licensed Full range of staff including RNs Trained staff Personnel issues rests with the center Cons: Limited hours May even be limited days Not covered by Medicare Costs Parent may not feel confortable with the setting or other participants Transportation may be limited

Other Community	• Many of the services offered	Pros:
Services	by home health agencies are	 Usually less expensive
	also available through city or	• Relies on volunteers (also a con)
	county aging services	
	Home-delivered meals	Cons:
	• Congregate meal sites	 Not always licensed agency or
	• Senior citizen centers	staff
	• Care management	 Relies on volunteers (also a pro)
	• Personal emergency response	May be considered "welfare"
	Transportation	 Services not uniformly available
		in all cities
		 May take more coordination to
		arrange all of these services

PAYING FOR LONG-TERM CARE SERVICES

As you may know, long-term care is very expensive. If you believe that Medicare will cover all necessary medical services, think again. Medicare has premiums, deductions, and only limited coverage for most useful long-term care services.

Financing Long-Term Care

Financing Option	Description	For More information:
Medicare	General: Federal program for persons 65 & older & certain persons with disabilities.	Your local Social Security office.
	Part A Coverage: hospital, nursing home, hospice, some home health care, durable medical equipment and blood.	
	Part B Coverage: physicians, outpatient hospital, home care services & some services not covered by Part A.	
	Part A Cost: usually none.	
	Part B Cost: \$54/month for 2002 with deductibles and co-payments changing annually.	
Medicare Assistance	Programs that provide financial assistance to people that have difficulty paying Medicare premiums and costs. Each has an income and asset maximum. The Qualified Medicare Beneficiary and Specified Low Income Medicare Beneficiary are examples.	
Medical Assistance or Medicaid	A combined federal and state program that serves people with very limited financial resources or high medical expenses. Income and asset evaluations are required. Persons on Supplemental Security Income (SSI) or Aid to Dependent Children (AFDC) qualify. It offers complete coverage for health, personal, supportive care, and medications.	Your community department of health and family services, aging unit.

Medicare HMO	An alternative to traditional Medicare, these plans combine the coverage of both Medicare and health maintenance organizations. They may offer more coverage than Medicare, but are not available in all areas.	Your parent's clinic.
Private Coverage, General	Insurance policy that provides general coverage and sometimes long-term care coverage.	Contact your state insurance department for a list of companies that sell approved plans.
Private Coverage, Medigap Insurance	Coverage that extends to include Medicare deductibles and copayments, filling in the coverage gaps in Medicare.	A local agent of an approved provider.
Private Coverage, Long-Term Care In- surance	Insurance policy that covers the cost of nursing homes, as well as assisted living and home health care. Policies vary in coverage (e.g., number of days, cost per day, and elimination period). It is likely cost prohibitive for older people and cost effective for younger people.	Your insurance company for availability.
Community-based programs	Services provided by senior centers and other local programs. Eligibility and availability vary.	Your discharge planner for a contact.

Because very little of what is actually needed in old age is covered by Medicare, most people find that they must draw on their financial reserves. Unless you are of limited means, expect to pay out of pocket.

To find out what you can expect to pay for long-term care services, determine what financial resources your parent has available. This is more complicated than simply finding out the balance of your parent's bank account. You must dig into savings and retirement accounts, insurance policies, and Medicare policies. You must ascertain the totality of your parent's personal worth.

In addition to the insurance information covered on the previous pages, the following information is a general outline of some of the challenges you will be faced with in caring for your aging parents:

1. CAREGIVER STRATEGIES

- a. Encourage social contact for your parents. Get them involved with volunteerism where they will be encouraged to stay involved.
- b. If your parents live out of town, establish a network of telephone contacts in your parent's community; friends, social service agencies, health care providers. Stop to visit them as often as possible. Keep on top of things.
- c. Tend to your own emotional needs. Reduce your stress by setting limits on just how much you can give. Accept help. Look for organizations and other professionals to help you. There are support groups where you can share your experiences and receive help. Remember, facing mortality can be hard, but if you seize the opportunity, it can also set you free to explore areas you have never discussed with your parents before.

WARNING SIGNS OF STRESS AND DEPRESSION

- Difficulty falling asleep or remaining asleep
- Waking up early feeling anxious and irritable
- Marked changes in appetite, significant weight loss or gain
- Increased use of sleeping pills, alcohol or caffeine
- Uncharacteristic short-temperedness, crying or agitation
- Delay or neglect of physical needs
- Decreased resistance to illness
- Difficulties with concentration or attention
- Loss of energy, fatigue
- Subdued mood, expressionless face or flat tone of voice
- Rough handling or other signs of impatience in giving care
- Recurrent thoughts of death or suicide
- d. Reduce Stress. Set limits on the care you can provide. Don't allow guilt to force you to do too much. Accept help from other family members, friends, neighbors, volunteers and social service organizations.

Long-Distance Care

Providing care to parents who live far away presents other difficulties that can stress the caregivers' relationships with parents, siblings and family members. Out-of-town children visiting aging parents may be shocked to see signs of rapid deterioration that have gone unreported by the parents or nearby siblings. The children may direct feelings of helplessness and rage at the siblings, accusing them of failing to monitor parents' health. These feelings may, in fact, be guilt feelings for not "being there" to care for aging parents.

Your primary resource in caring for elderly parents at a distance is the telephone. Establish a network of telephone contacts in the parents' community that connect you with friends, social service agencies, health care providers and other support services.

Role Reversal

Another difficult emotional issue raised for children by aging parents is the idea of becoming parent to your parents. This role reversal can dredge up maladaptive behavior patterns from childhood, cause resentment and wreak emotional havoc with other family members unaware of the dynamics between you and your parents.

Facing Mortality

Caring for aging parents can also bring you face to face not only with your parents' mortality, but with your own. Explore with your parents the lives they've led. Try compiling an oral history. This period of life may provide an invaluable opportunity to get to know your parents in a deeper and more meaningful way -- and your heritage may provide valuable insight into your own life. Accepting the inevitability of death can free you to explore past experience and delve into areas you have never discussed with parents before.

Support Groups

As the population ages, greater numbers of adult children affected by the concerns of caring for their elderly parents will seek support from outside the family. The need to air and share the burdens of caregiving and to gain a different perspective to cope effectively brings many adult children to social service agencies, volunteer organizations and other groups searching for help.

2. INDEPENDENT LIVING

- a. Your parents usually want to live in their own homes, so research all available organizations or local services that may provide in-home help; such as homemaker services, home health aids, in-home alert, meals on wheels, public transportation, volunteer escorts, van service, etc. This could help reduce depression; theirs and yours.
- b. Don't overlook your parents safety at home. Put railings where they are needed, non-skid mats, raised toilets and add grab bars. Add a bath bench. These and more will help your parents stay at home longer.

Not Just Independent - Involved

Nancy Hooyman and Wendy Lustbader, in their book, *Taking Care*, recommend these strategies to keep the independent elderly mentally vigorous and interested in life:

- Institute a weekly outing for the stimulation, anticipation and change of scenery. Gear the event to your parents' ability. A ride in the country, shopping at the mall or touring a museum will break up the monotony of remaining in a known environment.
- Devise contributions to the household, the family or the community that satisfy your parents' need for purposeful activity. What do your parents have to offer? Give them opportunities to share their experience, skills and knowledge to help them feel productive and vital.
- **Establish regularly occurring pleasures**. Find out what your parents find enjoyable and arrange for them to experience that enjoyment on a predictable schedule. Everyone needs something to look forward to.

3. IF A PARENT MOVES IN WITH YOU:

a. First, look at these factors before your parent moves in with you:

Factors to Consider Before Your Parents Move In

- *Expense*. Will a family member have to give up employment or reduce working hours to provide care?
- *Confinement*. Will caregivers have to restrict out-of-home activities? Are temporary alternative caregivers available?
- Accessibility. Is the family's home free of obstacles such as stairs that would impede a disabled parent?
- *Space.* Will someone be displaced to accommodate the aging parent? Are bathroom facilities sufficient? Will all family members have enough personal space?
- *Privacy*. Will increased access negatively impact relationships between parent, adult child and grandchildren?
- *Noise*. Can noise levels be controlled throughout the house?
- *In-law relationships*. Does the son- or daughter-in-law concur with the decision to move the parent in? Is there friction that could make either your spouse or parent uncomfortable?
- *Lifestyle compatibility*. What aspects of the older person's lifestyle could engender conflict?
- *Future plans*. How long do you expect this arrangement to last? Will it impair your freedom to realize personal goals such as retirement, travel or education? How will the decision be made to change the arrangement?

b. When a parent moves in remember you will have to adjust your way of living to accommodate theirs.

If Your Parent Lives With You...

The American Association of Retired Persons' Hand in Hand Program advises adult children to follow certain rules to make living with an aging parent easier:

- Maintain a routine.
- Have an acknowledged head of the house.
- Have husband and wife stick together in dealing with both the children and elderly parent.
- Have regular jobs for the elderly within their limits. Clarify the division of labor.
- Encourage the older person to make as many decisions as possible. Recognize his or her areas of expertise and consult the older person accordingly.
- Have children treat the older person with kindness and respect. See that all persons have regular periods of rest and relaxation. Encourage happiness and laughter.
- See that all members of the family express their appreciation of an elderly parent.
- Seek help before an emergency arises.
- Be alert to the development of new resources that make things more convenient or that can compensate for particular problem areas.
- Provide adequate living quarters and privacy for everyone.
- Keep lines of communication open. Treat parents' beliefs and opinions with respect. Keep other family members informed.
- Encourage the continuance of the parent's life style. Don't take away anything that doesn't need to be taken away.
- Allow for an adjustment period.

Taking care of a parent at home can be very different, so plan your respite and care options. Your physical and mental health may be at stake.

c. Before your parents move in with you, look at alternative living arrangements: senior communities, planned retirement communities, resort communities, board and care homes, shared housing, foster care, granny flats, continuing care facilities, and, as the last resort, nursing homes.

4. HEALTH CARE

- a. Find out what your parents have as far as health care; Medicare, Medigap, long term nursing care policies and/or payer of last resort, Medicaid.
- b. Explain different health care options. You need to know your parents financial conditions, so you can help them to make common sense decisions.

Remember that your parents may have a desire to pass part of their estate on. You need to try to protect these views if they haven't.

There are many ways of protecting their estate such as having your parents gift it, private annuities, trusts and life insurance. These are just a few of the ways to protect an estate.

Also, encourage your parents to have a legal will, and decide who will be the administrator.

Try to get an **advance directive** such as a general durable power of attorney for health care or a living will (or both of them) between your parents to be prepared in case one or becomes incapacitated. This will ease your mind.

5. PLANNING FOR DEATH

This is something that, even though it is unwanted and painful, is inevitable. Help prepare the funeral. Preplanning allows the mortuary to do the work when you're emotionally capable.

6. COPING WITH THE DEATH OF A PARENT

When a parent dies, you may be overwhelmed, not only by the grief associated with your loss, but with decisions that must be made quickly in order to arrange funeral services, satisfy legal requirements and inform agencies and policyholders of the death in order to collect benefits and entitlements. Here is a short checklist of items to consider before the need arises so you will be prepared to effectively manage the tasks associated with death when you are faced with the m.

- When death occurs. Within several hours after death, you will be faced with many decisions. You will need to choose a funeral home and arrange for delivery of the body. You may need to sign papers authorizing autopsy, organ donation and embalming. Request signed copies of the death certificate to present to insurance companies, banks and other institutions. And you should begin collecting important documents such as the will, insurance policies and other financial papers.
- Funeral arrangements. Because most funeral arrangements are made by grieving family members whose judgment may be affected by their emotional state, strict federal regulations dictate how funeral homes must communicate

the costs associated with burial to family members. The law says you cannot be forced to purchase a "funeral package." All items such as flowers, music, markers and caskets, should be available for separate purchase. All costs must be disclosed in writing, and an itemized statement including individual costs per item must be presented. You should not be charged for unauthorized embalming, and you have the right to refuse embalming if the deceased will be cremated or buried immediately.

- Informing others of the death. In addition to family and friends, there are
 many organizations you will need to inform of the death. Call your local Social Security office to cancel monthly payments and apply for death benefits.
 Notify insurance companies and request forms to claim benefits. Inform creditors and make plans to satisfy outstanding debts. In general, any organizations
 from whom a parent receives regular mail will need to be informed of the
 death.
- Protecting yourself. During the period immediately following a parent's death, you will be extremely vulnerable and over stressed. Be aware of how you are coping with the tasks associated with death and take time for yourself. Don't let the responsibilities of settling your parent's affairs prevent you from expressing your grief or accepting help from friends and family members. Especially if you have been caring for an aged parent for a long time, you will feel pressed to keep busy. While this can help you to perform the many tasks necessary following a death, it can also leave you feeling even more empty once those tasks are complete. Be sure to allow yourself to experience your grief and to share your feelings with others.

More information is available.

Call 1-800-247-4422 or 1-208-334-4350

The following pages contain listings of senior programs, agencies, hospitals and other service providers for seniors.

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SHIBA SENIOR HEALTH INSURANCE BENEFITS ADVISORS DEPARTMENT OF INSURANCE REGIONAL OFFICES

Ken Hurt

SHIBA Insurance Advisory Specialist 700 West State Street, 3rd Floor

P.O. Box 83720

Boise, Idaho 83720-0043

Phone: (208) 334-4350 khurt@doi.state.id.us

Fax: (208) 334-4389

Special Projects

Genii Hamilton

Office on Aging Volunteer Services Coordinator

700 West State Street, 3rd floor

P.O. Box 83720

Boise, Idaho 83720-0043

Phone: (208) 334-4352 ghamilto@doi.state.id.us

Fax: (208) 334-4389

Mary Dusek

Office on Aging Volunteer Services Coordinator

2005 Ironwood Parkway, Suite 143 Coeur d'Alene, Idaho 83814

Phone: (208) 666-6848 mdusek@doi.state.id.us

Fax: (208) 666-6767

Joy Hadley

Office on Aging Volunteer Services Coordinator

611 Wilson Street, Suite 3A Pocatello, Idaho 83201

Phone: (208) 236-6044 jhadley@doi.state.id.us

Fax: (208) 236-6351

Region 1

Penny Wilhelm

SHIBA Regional Coordinator 2005 Ironwood Parkway, Suite 143 Coeur d'Alene, Idaho 83814

Phone: (208) 666-6848 pwilhelm@doi.state.id.us

Fax: (208) 666-6767

SHIBA REGIONAL OFFICES (cont.)

Region 2

Karen Clark SHIBA Regional Coordinator 700 West State Street, 3rd floor P.O. Box 83720 Boise, Idaho 83720-0043

Phone: (208) 334-4353 kclark@doi.state.id.us

Fax: (208) 334-4389

Region 3

Tammy Stricker SHIBA Regional Coordinator 1445 Fillmore, Suite 1104 Twin Falls, Idaho 83301

Phone: (208) 736-4713 tstricke@doi.state.id.us

Fax: (208) 736-4714

Region 4

Susan Stricker SHIBA Regional Coordinator 611 Wilson Street, Suite 3A Pocatello, Idaho 83201

Phone: (208) 236-6044 sstricke@doi.state.id.us

Fax: (208) 236-6351

SHIBA STATEWIDE TOLL FREE TELEPHONE

1-800-247-4422

SOCIAL SECURITY ADMINISTRATION OFFICES SERVING IDAHO

Office Addresses	Telephone Number	Counties Served
General Information	1-800-772-1213	
Boise, Idaho 1249 S. Vernell Way Suite 101 83709	321-2900	Ada Gem Boise Valley Elmore
Caldwell, Idaho 1118 S. Kimball 83605	454-3096	Canyon Owyhee
Coeur d'Alene, Idaho 120 S. 6th Street 83814	765-1322	Benewah Kootenai Bonner Shoshone Boundary
Idaho Falls, Idaho 825 Shoup Avenue. P.O. Box 3006 83402	522-7992	Bonneville Jefferson Butte Lemhi Clark Madison Custer Teton Fremont
Lewiston, Idaho 1617 19th Avenue 83501	746-2995	Clearwater Lewis Nez Perce
Ontario, Oregon 2024 SW 4th Ave. 97914	(503) 889-7446	Adams Payette Washington
Pocatello, Idaho 1246 Yellowstone Avenue 83201	637-2534	Bannock Franklin Bear Lake Oneida Bingham Power Caribou
Pullman, Washington Professional Mall II SE 1256 Bishop Suite L 99163	(509) 746-2995	Idaho Latah
Twin Falls, Idaho 1437 Fillmore Street 83301	734-3985	Blaine Jerome Camas Lincoln Cassia Minidoka Gooding Twin Falls

MEDICARE (1-800-633-4227)

Part A Hospital Coverage Medicare Northwest

> Boise, Idaho 83704-5917 Phone: (208) 367-0333

Part B Medical Coverage Cigna Health Care

Medicare Administration

P.O. Box 690

Nashville, Tennessee 37202 Phone: 1-800/627-2782

Coordination of Benefits Contractor Phone: 1-800-999-1118

Medicare Fraud And Abuse Patricia Carlson, Information Coordinator

Aetna Life And Casualty

Medicare Claims Administration

P.O. Box 1997

Portland, Oregon 97201 Phone: (503) 243-5534

Medicare Fraud And Abuse Ron Fahenstock, Coordinator

> Medicare Northwest P. 0. Box 8110

Portland, Oregon 97207-8110

Phone: (503) 721-7029

CONSUMER ASSISTANCE

Provider Reviews Marilyn Croghan, Manager

Pro West

815 Park Boulevard, Suite 250

Boise, Idaho 83712 Phone: 1-800-445-6941

To Investigate Claims, Providers,

or Agent Fraud

Brian Olson, Supervisor

Idaho Department Of Insurance

Investigations Section 700 West State/3rd Floor Boise, Idaho 83720-0043 Phone: (208) 334-4327

For Complaints Against Companies,

Agents, Improper Billing

Dale Freeman, Supervisor Consumer Assistance

700 West State/3rd Floor Boise, Idaho 83720-0043 Phone: 1-800-721-3272

IDAHO STATE DIVISION OF VETERANS AFFAIRS

Boise Idaho Division of Veterans Affairs

805 West Franklin Street

Boise, ID 83702 (208) 334-1245

Idaho State Veterans Home

320 Collins Road Boise, ID 83702 (208) 334-5000

Lewiston State Service Officer

821 21st Avenue Lewiston, ID 83501 (208) 799-3422

Idaho State Veterans Home

821 21st Avenue Lewiston, ID 83501 (208) 799-3422

Pocatello State Service Officer

1957 Alvin Ricken Drive Pocatello, ID 83201 (208) 236-6340

Idaho State Veterans Home 1957 Alvin Ricken Drive Pocatello, ID 83201 (208) 236-6340

OFFICE OF THE ATTORNEY GENERAL

Consumer Protection P.O. Box 83720

Boise, ID 83720-0010

(208) 334-2424

Toll Free: 1-800-432-3545

IDAHO COMMISSION ON AGING

Administrator

Lois S. Bauer 3380 Americana Terrace, Suite 120 Boise, ID 83720-0007

Phone: 334-3833

IDAHO OMBUDSMEN FOR THE ELDERLY

State

Cathy Hart
Idaho Commission on Aging
3380 Americana Terrace, Suite 120
Boise, ID 83720-0007

Phone: 334-4693

Area I

Myron Higbee 1221 Ironwood Dr, Suite 102 Coeur d'Alene, ID 83814

Phone: 1-800-786-5536 or 667-3179

Area II

Ruth McQuinn
Area Agency on Aging
Community Action Agency, Inc.
124 New 6th St
Lewiston, ID 83501
Phone: 743-5580

Area III

Melody J. Finn-Kinswa SW Area Agency on Aging 811 Main Street Caldwell, ID 83605 Phone: 454-9698

Area III

Judy Shannon SW Area Agency on Aging 10624 W Executive Dr. Boise, ID 83713 Phone: 322-7033

Area IV

Mary Edgar College of Southern Idaho 315 Falls Avenue Twin Falls, ID 83301

Phone: 736-2122 or 1-800-574-8656

Area V

Liz Delaney SICOG P. O. Box 6079 Pocatello, ID 83205 Phone: 232-4032

Area VI

Marie Peterson
Eastern Idaho Special Services Agency
357 Constitution Way
P.O. Box 51098
Idaho Falls, ID 83405

Phone: 522-5391

AREA AGENCIES ON AGING

Area I Pearl Bourchard, Director

1221 Ironwood Drive, Suite 102 Coeur d'Alene, Idaho 83814

Phone: 667-3179 Fax: 667-5938

1-800/786-5536

Area II Jenny Zorens, Director

SW Idaho Area Agency on Aging

124 New 6th Street Lewiston, Idaho 83501

Phone: 743-5580 Fax: 746-7923

1-800/877-3206

Area III Brenton Sempreviva, Director

SW Idaho Area Agency on Aging P.O. Box 311 (25 W. Idaho) Weiser, Idaho 83672

Phone: 549-2411 Fax: 549-0071

1-800/859-0324 Boise Office Tel: 322-7033

Area IV Richard Boyd, Director

College Of Southern Idaho

P.O. Box 1238 (315 Falls Avenue) Twin Falls, Idaho 83301-1238

Phone: 736-2122 Fax: 736-2126

1-800-574-8656

Area V Sister Anthony Marie Greving, Director

S.E. Idaho Council Of Governments P. O. Box 6079 (214 E. Center Street)

Pocatello, Idaho 83205-6079

Phone: 233-4032 Fax: 233-4841

1-800/526-8129

Area VI Russell Spain, Director

P.O. Box 51098 (357 Constitution Way)

Idaho Falls, Idaho 83405

Phone: 522-5391 Fax: 522-5453

1-800/632-4813

Call the number nearest to your home from the above list for information on any of the following services:

• Legal Aid Services

• Community Based Services

• Meals/Food Nutrition • In-Home Services

RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)

College Of Southern Idaho (Sponsor)

RSVP Director: Judy Tipton

P.O. Box 1238

Twin Falls, Idaho 83301-1238

Phone: 736-2122 Fax: 736-2126

Mountain States Group (Sponsor)

RSVP Director: Judy Watkins 411 East Hawaii Avenue

Nampa, Idaho 83686

Phone: 466-8982 Fax: 466-7414

1-800-574-8656

Eastern Idaho Special Services Agency (Sponsor)

RSVP Director: Jan Wright

P.O. Box 51098

Idaho Falls, Idaho 83405

Phone: 522-5391 Fax: 522-5453

1-800/632-4813

Area Agency On Aging (Sponsor)

RSVP Director: Bill Langer 1221 Ironwood Drive, Suite 102

Coeur d'Alene, Idaho 83814

Phone: 667-3179 Fax: 667-5938

1-800-786-5536

Southeastern Idaho Community Action Agency (Sponsor)

RSVP Director: Sister Janice Otis

825 East Bridger P.O. Box 940

Pocatello, Idaho 83201

Phone: 233-7364 Fax: 234-4697

Mountain States Group (Sponsor)

RSVP Director: Sharlene Brown

600 N. Curtis, Suite 170 Boise, Idaho 83706-1454

Phone: 345-4357 Fax: 345-4374

Valley Christian Aid Network (Sponsor)

RSVP Director: Eva Mathewson

1424 Main Street

Lewiston, Idaho 83501

Phone: 746-7787 Fax: 746-9110

Counties: Blame, Camas, Gooding,

Lincoln, Minidoka, Cassia,

Twin Falls, Jerome

Counties: Canyon, Valley

Adams, Washington, Boise,

Payette

Counties: Bingham, Teton,

Bonneville, Caribou, Madison

Jefferson, Fremont, Clark

Counties: Boundary, Bonner,

Kootenai, Benewah, Shoshone

Counties: Custer, Lemhi,

Butte, Power, Bannock, Oneida, Franklin, Bear Lake

Counties: Gem, Canyon, Ada

Elmore, Owyhee

Counties: Clearwater, Latah,

Lewis, Nez Perce, Idaho

LICENSED AND CERTIFIED HOSPITALS

Bannock Reg. Medical Center

651 Memorial Drive Pocatello, Idaho 83201 239-1000

Bear Lake Memorial Hospital

164 South Fifth Montpelier, Idaho 83254 847-1630

Benewah Community Hospital

229 Seventh Street St. Maries, Idaho 83861 245-5551 Ms. Camelle Scott

Bingham Memorial Hospital

98 Poplar Street Blackfoot, Idaho 83221 785-4100

Bonner General Hospital

Box 1448, 520 North 3rd Sandpoint, Idaho 83864 263-1441 Mr. Gene Tomt

Boundary County Community

Hospital & Nursing Home HCR 61 -Box 61a Bonners Ferry, Idaho 83805 267-3141 Mr. Craig Johnson

Canyon View Psychiatric & Addiction Services, MagicValley R.M.C.

228 Shoup Ave. West Twin Falls, Idaho 83301 736-6760 Bill Southwick

Caribou Memorial Hospital

300 South Third West Soda Springs 83276 547-3341

Cassia Regional Medical Center

1501 Hiland Avenue Burley, Idaho 83318 678-4444 Mr. Mike Olson

Clearwater Valley Hospital

301 Cedar Orofino, Idaho 83544 476-4555 Mr. Tim Zwickey

Council Community Hospital

Box 428, 205 North Berkley Council, Idaho 83612 253-4242 Ms. Sandy Niehm

Eastern Idaho Reg. Medical Center

Box 2077 Idaho Falls, Id 83404 3100 Channing Way Idaho Falls 83404 529-6111

Elmore Medical Center

P.O. Box 1270, 895 North Sixth East Mountain Home, Idaho 83647 587-8401 Mr. Greg Maurer

Franklin Co. Medical Center

44 North First East Preston, Idaho 83263 852-0137

Gooding County Mem. Hospital & Nursing Home

1120 Montana Street Gooding, Idaho 83330 934-4433

Mr. Jim Henshaw

Gritman Medical Center

700 South Main Street Moscow, Idaho 83843 882-4511 - Administration Mr. Jeff Martin, Administrator

Harms Memorial Hospital

P.O. Box 420, 510 Roosevelt American Falls, Idaho 83211-0420 226- 3200

Healthsouth Treasure Valley Hospital

8800 W. Emerald Street Boise, Idaho 83704 373-5000

Idaho Elks Rehab. Hospital

Box 1100 204 Fort Place Boise 343-2583 Mr. Joseph P. Caroselli

Idaho Falls Recovery Center*

1957 East 17th Street Idaho Falls, Idaho 83404 529-5285

Inland Behavioral Health Institute

2301 North Ironwood Place Coeur d'Alene, Idaho 83814 765-4800 Mr. Fran Collison

Intermountain Hospital of Boise+

303 N. Allumbaugh Boise, Idaho 83704 377-8400 Mr. Vernon Garrett

Kootenai Medical Center

2003 Lincoln Way Coeur d'Alene 666-2003 Mr. Joseph E. Morris

Lost Rivers District Hospital

P.O. Box 145, 551 Highland Drive Arco, Idaho 83213 527-8206 Administrator: Hugh Hallgren

Madison Memorial Hospital

450 East Main Street Mailing: P.O. Box 310 Rexburg, Idaho 83440-0310 356-3691

Magic Valley Reg. Medical Center

P.O. Box 409, 650 Addison Avenue West Twin Falls, Idaho 83303-0409 737-2000 Mr. Jerry Hart

McCall Memorial Hospital

Box 906, 1000 State Street 634-2221 McCall, Idaho 83638 Ms. Karen Kellie

Memorial Hospital

645 East Fifth Weiser, Idaho 83672 549-0370 Ms. Susan McGough

Mercy Medical Center

1512 Twelfth Avenue Road Nampa, Idaho 83686 467-1171

Mr. Joseph Messmer

Minidoka Memorial Hospital

1224 Eighth Street Rupert, Idaho 83350 436-0481 Mr. Carl Hansen

Northview Hospital+

8050 Northview Street Boise, Idaho 83704 327-0504 Mr. Greg Hassakis

Oneida County Hospital

150 North 200 West Malad, Idaho 83252 766-2231

Pocatello Reg. Medical Center

777 Hospital Way Pocatello, Idaho 83201 234-0777

Portneuf Valley Hosp. and Rehabilitation Center

2200 East Terry Street Pocatello, Idaho 83201 232-2570

St. Alphonsus Regional Medical Center

1055 North Curtis Road Boise, ID 83706 378-2121 Ms. Sandra Bruce

Shoshone Medical Center

Jacobs Gulch Kellogg, Idaho 83837 784-1221 Mr. Gary Moore

St. Benedict's Family Med. Center

709 N. Lincoln Mailing Address: P.O. Box 586 Jerome, Idaho 83338 324-4301 Mr. Michael Cooper

St. Joseph's Reg. Medical Center

P.O. Box 816, 415 Sixth Lewiston, Idaho 83501 743-2511 Howard Hayes

St. Luke's Reg. Medical Center

190 East Bannock. Boise, Idaho 83712 386-2222 Mr. Edwin Dahlberg

St. Luke's Meridian Medical Center

520 S. Eagle Road Meridian, Idaho 83642

St. Mary's Hospital

P.O. Box 137, 701 Lewiston Street Cottonwood, Idaho 83522 962-3251 Ms. Casey Uhling

State Hospital North *+

300 Hospital Drive Orofino, Idaho 83544 324-4301 476-4511 Ms. Barbara Hancock

State Hospital South+

700 East Alice Box 400, Blackfoot 785-1200 Mr. Ray Liable

Steele Memorial Hospital

811 Main Street
P. O. Box 700,
Salmon, Idaho 83467
756-4291
Mrs. Kay Springer

Sun Health Specialty Hospital+

8050 Northview Boise, Idaho 83704 327-0504

Syringa General Hospital

West Main & "B" Street Grangeville, Idaho 83520 983-1700 Mr. Jess B. Hawley

Teton Valley Hospital

283 North First East P. O. Box 728 Driggs, Idaho 83422 354-2383

*Licensed Only

+Drug/Alcohol/Psychiatric Facility

Twin Falls Clinic & Hospital

660 Shoshone Street East Twin Falls, Idaho 83301 733-3700 Mrs. Jody Tremblay

Walker Center+

1120A Montana Street Gooding 934-8461 Dr. Douglas Smith

Walter Knox Memorial Hospital

1202 East Locust Emmett, Idaho 82617 365-3561 Mr. Max Long

West Valley Medical Center

1717 Arlington Caldwell, ID 83605 459-4641 Mr. Mark B. Adams

St. Luke's Wood River Medical Center

100 Hospital Drive P. O. Box 100 Ketchum, ID 83340 (208) 727-8800

	CLAIMANT'S	KIT LETTERS		
Letter to Social Security	and Railroad Retirement:	Letter to Veterans Ac	lministratio n	
Gentlemen:		This is to inform you	of the death of my, (relationship)	
Please send me any instructions or forms that I may need to			, who died on	
complete my application for the Social Security benefits to		,	(service number)to	
which I am entitled with the death of my		(day, month) (year) he/she served in the U.S (branch) The Government life insurance policy number is		
(relationship) ,, who died on				
(full name)	(S.S.#) ·	Please let me know if	you need any other documents or	
(day, month)	(year)	information.		
	Sincerely,		Sincerely,	
	(signature)		(signature)	
	(print full name)			
	(address)		(print full name)	
	(area code/ hone number)		(address)	
			(area code/ hone number)	
Letter to Insurance Com	<u>panies</u>	Letter to Employer		
Gentlemen:		Gentlemen:		
I am designated as bene	ficiary of policy number(s)	This is to inform you	that my,	
on the l	ife of my,		(relationship)	
	(relationship) who died on,	died (full name)	on, (day, month) (year)	
(full name)	(day, month) year)			
Please send me the nece claiming the proceeds to	essary information and forms for which I am entitled.		formation relating to employee benefits to led as beneficiary.	
	files for any other policies owned with your company.	Please let me know who need me to provide in	hat documents and information you will settling any claims.	
the deceased may have			Sincerely,	
	Sincerely,		(signature)	
	(signature)		(print full name)	
	(print full name)		(address)	
	(address)		·	
	(area code/ hone number)		(area code/phone number)	

MISCELLANEOUS IMPORTANT TELEPHONE NUMBERS

BLACK LUNG 1-800-638-7072

TRI-CARE FOR LIFE 1-888-363-5433

CIGNA DMERC REGION D (Durable Medical Equipment Regional Carrier)

(Beneficiary) **1-800-899-7095**

CIGNA

P.O. Box 690

Nashville, Tennessee 37202

Local Number For EMC (208) 333-2140

And Public Relations

ELDERCARE LOCATOR 1-800-677-1116

(A Way to Find Community Assistance for Seniors)

FEDERAL RETIREE HEALTH INQUIRIES ANNUITANT SERVICES

Office of Personnel Management

1900 E. Street NW

Washington, DC 20425 (202) 606-0500

HOME HEALTH HOSPICE 1-800-999-8123

Blue Cross of California

P.O. Box 4129

Woodlawn Hills, CA 91365

IDAHO LEGAL AID (208) 345-0106

MEDICAID 1-800-685-3757

(QMB/SLMB/QI-1/QI-2 contact Medicaid Contact your local Health & Welfare Office

RAILROAD RETIREMENT 1-800-833-4455

United HealthCare

STATE GROUP HEALTH INSURANCE: (208) 334-3949

VETERAN'S ADMINISTRATION (208) 334-5000

You may want to post a list of telephone numbers near your telephone or on the refrigerator so that your elderly relative will easily be able to find them in your absence.

IMPORTANT TELEPHONE NUMBERS

EMERGENCY	911
DOCTOR	
CHILD'S WORK	
CHILD'S SPOUSE AT WORK	
NEAREST RELATIVE	
NEAREST NEIGHBOR	

Another alternative would be to program your telephone's automated dialing feature with these important numbers and have them clearly marked.

PUBLICATIONS ORDER FORM

PLEAS	E PRINT YOUR NAME, ADDRES	SS AND TELEPHONE NUMBE	R.
Name _			
Street A	ddress		
City	State	Zip	
Phone r	number (in case we have a question a	about your order)	
PLEAS	E SEND ME ONE EACH OF THE	E FOLLOWING PUBLICATION	S:
☐ A She	opper's Guide to Long-Term Care Insur	rance (NAIC)	
☐ Can I	Get Help with Nursing Home Costs? (H	-tw)	
	Right! Protecting Medicare from Frauc	•	
☐ Choo	sing a Medigap Policy (CMS)	,	
	Shopper's Guide to Medicare Supplem	ment Insurance (SHIBA)	
☐ Filing	an Insurance Claim (DOI)		
☐ Home	e Health/Medicare (CMS)		
☐ Hosp	ice Benefits/Medicare (CMS)		
☐ Medi	care Coverage Kidney Dialysis & Kidne	ey Transplant (CMS)	
☐ Retire	ement & Your Health Insurance (SHIBA	4)	
☐ Savir	gs for Qualified Beneficiaries (CMS)		
☐ Guide	e to Choosing a Nursing Home (CMS)		
☐ Takir	g the Mystery Out of Caring for Your Ag	ging Parents (SHIBA)	
□ Plea	se send information on becom	ning a SHIBA volunteer.	
	nterested in having a speaker flame of group	for my group. Please call me	-
	Size of group (audience)		
	Phone number		

SEND THIS FORM TO:

SHIBA/Idaho Department of Insurance 700 West State Street, 3rd Floor P. O. Box 83720 Boise, ID 83720-0043

FOLD AND MAIL OR PLACE IN ENVELOPE USING ADDRESS ABOVE

· · ·	Postage Required
SHIBA Senior Health Insurance Benefits Idaho Department of Insurance 700 West State Street, 3rd Floor	Advisors

Boise, ID 83720-0043



SENIOR HEALTH INSURANCE BENEFITS ADVISORS

Ken Hurt Insurance Advisory Specialist 334-4350

khurt@doi.state.id.us

Over 400 Volunteers Serving all of Idaho!

<u>REGION 2</u>

REGION 1

Penny Wilhelm

Regional Coordinator

Department of Insurance

Coeur d'Alene, ID 83814

pwilhelm@doi.state.id.us

2005 Ironwood Parkway, Suite 143

Karen Clark Regional Coordinator Department of Insurance 700 W. State Street Boise, ID 83720 kclark@doi.state.id.us

REGION 3

Tammy Stricker
Regional Coordinator
Department of Insurance
1445 Fillmore, Suite 1104
Twin Falls, ID 83301
tstricke@doi.state.id.us

REGION 4

Susan Stricker Regional Coordinator Department of Insurance 611 Wilson Street, Suite 3 Pocatello, ID 83201 sstricke@doi.state.id.us

Call Statewide: 1-800-247-4422

